As colleges and universities prepare for the return of students, it remains critical to the state's public health that we all individually and collectively continue to follow guidelines that will minimize the spread of COVID-19.

The following link is to the <u>Centers for Disease Control and Prevention (CDC)'s home page for Colleges, Universities, and Higher Learning.</u>

The South Carolina Department of Health and Environmental Control (DHEC) website for <u>Colleges & Universities</u> also provides additional resources.

Testing

- 1. Colleges and universities may test students, faculty, or staff for purposes of surveillance, diagnosis, screening, or in the context of an outbreak. In light of additional testing capacity throughout the state, individuals should be considered and offered testing if they:
 - a. Show signs or symptoms consistent with COVID-19
 - b. Have a <u>recent known or suspected exposure</u> to a person with laboratory- confirmed COVID-19
 - c. Have been asked or referred to get testing by their healthcare provider or health department
- 2. <u>Viral tests</u> (both PCR tests and antigen tests) are authorized to diagnose current infection with SARS-CoV-2 in both symptomatic and asymptomatic individuals.
 - a. Several rapid antigen tests have recently received Emergency Use Authorizations from the FDA for diagnostic testing for use on symptomatic persons when viral load is typically high (e.g., within 5-7 days following symptom onset). Rapid antigen tests are typically performed at or near the point of care and return results in approximately 15 minutes.
- 3. <u>Antibody tests</u> have been authorized by the FDA to detect past infection with SARS-CoV-2 and the CDC does not currently recommend using antibody testing to diagnose current infection.
- 4. Data currently suggests that some individuals test persistently positive due to residual virus material but are unlikely to be infectious. Thus, as long as they remain asymptomatic, it is <u>not recommended</u> to retest previously positive individuals within 3 months of a positive test.

College and University Holiday Break Considerations – Exit and Re-Entry Testing

- DHEC encourages all college and university students, faculty, and staff, regardless of symptoms or
 exposure to a close-contact with confirmed COVID-19, to get tested and know their results before
 going home for holiday breaks and also prior to returning back to campus. Asymptomatic
 individuals can unknowingly carry the virus and pass it along to friends and family who could
 experience severe illness, hospitalization, or worse.
 - a. Individuals are encouraged to minimize contact with others as much as possible at their college or university residence while awaiting test results prior to traveling away for holiday break. Similarly, prior to returning to campus after a holiday break, individuals should minimize contact with others as much as possible at their home while awaiting test results.
 - **b.** If test results are positive, the individual tested must complete isolation requirements and

any close contacts identified beginning 48 hours prior to symptom onset, or prior to collection of test specimen if asymptomatic, should be recommended to quarantine.

Screening

- One approach to help identify symptomatic individuals promptly for diagnostic testing is universal symptom screening, which involves reporting of self-assessments for <u>symptoms</u> on a <u>regular basis</u>. Consider performing health screenings by asking students if they have any symptoms of COVID-19 at the start of class. This could be done individually by asking each student as they enter their first classroom or on a group basis reminding students that they should excuse themselves if they feel sick.
 - a. Routine temperature screening of all persons entering campus buildings is not recommended at this time.
- 2. Please note: symptom screenings and health checks do not identify asymptomatic individuals (individuals who are infected but without symptoms), individuals who are infected but have not yet developed symptoms, or individuals with mild or non-specific symptoms who may not realize they are infected. Due to these limitations, screening and health checks are not a replacement for other protective measures, such as social distancing, hand hygiene, use of masks, and testing when symptomatic or close contact exposure with an infected individual.

Social Distancing Practices

- 1. To the extent possible, maintain at least 6 feet of distance between each person.
 - a. If desks are used, increase the space between them. Rearrange them to maximize the space between students. Make desks face in the same direction (rather than facing each other).
- 2. If possible, reduce the number of students in a dorm room or apartment.
- 3. Educate students on limiting close contacts. Limiting interactions to as few people as possible such as roommates will reduce the potential for COVID-19 exposure and spread, but if students want to widen their social circle, the key is consistency. Students may consider forming a "quarantine pod," in which two or three rooms (about 5-10 people total) agree on safety precautions and socialize only with one another. Expanded socializing can be done with careful social distancing precautions in place. Outside venues decrease the risk of COVID-19 transmission compared to inside.
- 4. Avoid assemblies or other congregate events. Limit large in-person classes or lectures to the extent possible. Strongly consider online offerings for these courses.
- 5. Students and staff are encouraged to wear masks or cloth face coverings, especially when in settings in which social distancing is not feasible. Cloth face coverings should be optional for staff with underlying respiratory illness, but if not worn, social distancing must be performed.
 - a. NB: Students and faculty may not be required to quarantine after a positive case in a classroom if proper social distancing and face mask recommendations were followed.
- 6. Continue to encourage telework when feasible with business operations. Consider alternate work.

Approach to an III individual/Positive Case

- 1. Students and staff who have symptoms should stay isolated until symptoms resolve and/or test results are back. To prevent further spread, avoid sending COVID-19 cases who reside in campus housing to their permanent homes off-campus.
 - a. People should be considered sick if they have <u>symptoms</u> of acute respiratory illness like shortness of breath, coughing and/or fever of 100.4 °F or greater. Other symptoms may

- include fatigue, muscle/body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea.
- b. A negative COVID-19 test result is **not** required for students or staff to return to campus activities after their course of illness.
 - Instead, DHEC recommends that students and staff not return to normal activities until 10 days have passed since their symptoms began <u>AND</u> they are free of fever (100.4° F [38° C] or greater using an oral thermometer) for 24 hours without the use of fever- reducing medicines <u>AND</u> their other symptoms have improved.
 - ii. Some individuals who do not have a healthy immune system or are very sick may be recommended by their doctor to separate from others for longer than ten (10) days.
- 2. Close contacts of confirmed cases should quarantine for ten (10) days after their last exposure if they choose to not be tested and if no symptoms are reported during daily symptom monitoring. If the exposed individual has a negative viral test (Antigen or PCR) collected after completing day five (5) of quarantine and if no symptoms are reported during daily symptom monitoring, the individual can end quarantine on Day 7.
 - a. These conditions must also be met to end quarantine on Day 7 or Day 10:
 - i. No $\underline{\text{symptoms}}$ of COVID-19 occurred during quarantine

AND

ii. Person must continue to monitor for symptoms until Day 14 after their last contact with infectious individual diagnosed with COVID-19

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- iii. Continue to closely follow all recommendations to prevent spread of the virus (correct and regular use of face coverings, social distancing, hand washing, etc.) through Day 14 of quarantine. Anyone who develops symptoms must immediately separate themselves from others, call their medical provider, and get tested for COVID-19.
- b. If an infected individual cannot isolate appropriately (separate bedroom and bathroom) and continues to share living space with a roommate(s), the roommate(s) should quarantine for 14 days after the ten (10) day isolation period ends for the infected individual or apply the 7-day or 10-day criteria to shorten the quarantine period based on their date of last contact with the infectious individual.
- c. Testing is recommended for all close contacts of persons diagnosed with COVID-19. Individuals can choose to get tested immediately after known exposure and may be tested again after completion of day five (5) of quarantine. If an individual in quarantine develops symptoms at any time, it is highly recommended they get tested immediately.
- d. Expanded testing of close contacts may be indicated and might include testing of all people who were in proximity of an individual confirmed to have COVID-19 (e.g., those who shared communal spaces or bathrooms), or testing all individuals within a shared setting (e.g., testing all residents on a floor or an entire residence hall). Testing in these situations can be helpful because in high density settings it can be particularly challenging to accurately identify everyone who had close contact with an individual confirmed to have COVID-19.
- e. Encourage professors to have options in place for students who are in isolation or quarantine to be able to keep up with their courses, such as live-streamed or recorded lectures.
- 3. You may establish living quarters where you can separately cohort positive cases and sick cases whose test results are pending. Close contacts should remain in quarantine either in their dorm

- room or in a cohort setting, depending on local resources.
- 4. As you develop your COVID-19 related processes, keep in mind the population of people who are at greater risk of contracting this virus and to having more difficulty in fighting it (those with preexisting conditions like diabetes, heart or lung diseases, as well as the elderly).

Cleaning and Disinfection

- 1. Routinely clean and disinfect surfaces and objects that are frequently touched (e.g., doorknobs, light switches, classroom/lab sink handles, countertops). Using an appropriate disinfectant, wipe down items (e.g., desks, chairs) and equipment before each use.
 - a. Clean with soap and water or a cleaner typically used. Use all cleaning products according to the directions on the label.
 - b. After cleaning, disinfect with a product that is EPA-approved for use against the virus that causes COVID-19 (a list of these is available here) or with diluted bleach solution (5 tablespoons, or 1/3 cup, bleach per gallon of water or 4 teaspoons bleach per quart of
- 2. For electronics such as tablets, touch screens, keyboards, and remote controls, remove visible contamination if present.
 - a. Consider use of wipeable covers for electronics.
 - i. Follow the manufacturer's instructions for all cleaning and disinfection products.
 - ii. If no manufacturer guidance is available, consider the use of alcohol-based wipes or sprays containing at least 70% alcohol to disinfect touch screens. Dry surfaces thoroughly to avoid pooling of liquids.
- 3. The CDC provides additional information on Cleaning and Disinfecting a Facility, including guidance on appropriate personal protective equipment to wear while cleaning and disinfecting.
- 4. Increase the ventilation (air exchange) rate and the percent outdoor air in ventilation.

Please reach out to regional DHEC staff (contact info below) if you have questions regarding individual cases of disease (infections, investigations, testing, etc.).

Regional DHEC Public Health Offices

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